

BUREAU OF THE CENSUS  
FILED JUN 8 1944

State File No. \_\_\_\_\_

Registration District No. 147

Primary Registration District No. 3025

Registrar's No. 43

## 1. PLACE OF BIRTH:

(a) County Howell  
 (b) City or town West Plains  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_  
years, months or days

## 3. (a) PRINT FULL NAME

(b) If veteran,  
name war \_\_\_\_\_(c) Social Security  
No. \_\_\_\_\_

4. Sex 7-1 5. Color or race W 6. (a) Single, widowed, married.  
divorced S.O

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 11 hr. min.

9. Birthplace Norton, Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired office worker

## 11. Industry or business

12. Name Jos. Dixon

13. Birthplace Hyman, England  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Newcomb

15. Birthplace Abthure, England  
(City, town, or county) (State or foreign country)

16. (a) Informant Theresa Murrell

(b) Address West Plains, Mo

17. (a) \_\_\_\_\_ (b) Date thereof 4/15-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo

18. (a) Signature of funeral director Robert M. ...

(b) Address West Plains, Mo

19. (a) 5/12-44 (b) Theresa Murrell  
(Date received local death) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell  
 (c) City or town West Plains  
 (If outside city or town limits, write "RURAL")

(d) Street No. 306 Summit  
 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 12  
 year 1944 hour about minute 4:00 P. M.

21. I hereby certify that I attended the deceased from  
 Sept. 5, 1943 to April 12, 1944  
 that I last saw her alive on October 31, 1944  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chronic Hypertension Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Robert M. ... (b) \_\_\_\_\_

Address West Plains, Mo. Date signed 5/12-44

RECEIVED

District Health Officer - No. 5,

District File Number

644343

Date Filed

6. 7. 44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*A. D. Robinson*

Licensed Embalmer No.

3437

P. O. Address

*West Harris,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.